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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
Substitute for Form PTO-1360  
(For use with Form PTO/SB/08)

Application Number

10/647464

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1		1	
2		1		1		1
3	1			1		1
4		2		2		2
5	2		2	2	2	2
6		2		3		3
7	2		2	2	2	2
8	1		2		2	
9		1		2		2
10	1		2		2	
11	2		2		2	
12	2		2		2	
13	2		2		2	
14	2		1		1	
15	1		1		1	
16	1		1		1	
17	1		1		1	
18	1		1		1	
19	1		1		1	
20	1		1		1	
21	1		1		1	
22	1		1		1	
23	2		2		2	
24	2		2		2	
25	1		3		2	
26	1		2		2	
27	2		2		2	
28	1		1		1	
29	1		1		1	
30	2		2		2	
31	2		2		2	
32	2		2		2	
33	1		2		2	
34	1		1		1	
35	1		1		1	
36	1		1		1	
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48						
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50						
Total Indep	1		1		1	
Total Depend	44		53			
Total Claims	47		54			

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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99						
100						
Total Indep						
Total Depend						
Total Claims						

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